National Association of Chronic Disease Directors
CDC Arthritis Expert Panel Design Session #1 – Screening
May 9, 2023 @ 10:00 a.m. ET

Notes and Summary Document

- Meeting Recording: https://vimeo.com/825610848
- Additional information: Please visit the private Expert Panel web page for a link to the recording from today, summary documents and additional information

Participants:

31 Total Participants (including presenters and facilitators)

Project Overview:

The National Association of Chronic Disease Directors (NACDD) Arthritis Portfolio is working to develop an arthritis care model that supports innovative efforts that enhance healthcare provider awareness, knowledge, and skills in promoting physical activity as an effective, drug-free way to relieve arthritis pain, improve function, and limit arthritis progression.

Design Session #1 Objectives:

- Reflect on the high-level summary of the Human-Centered Design meetings
- Review the intersection between the human-centered design recommendations and the six design sessions
- Discuss the options for arthritis care model screening tools and come to consensus on the recommendation
- Assess the proposed workflow for the arthritis care model screening component
- Engage in peer-to-peer sharing, learning, and networking

Pre-read:

- Arthritis Care Model: Human-centered Design Recommendations Report https://chronicdisease.org/wp-content/uploads/2023/05/Final-Summary-and-Recommendations-Report.pdf

Presenters

Heidi Milby, National Association of Chronic Disease Directors

- Welcome

Patricia Doxey, Leavitt Partners

- Recommendations from human centered design sessions

Lisa Erck, National Association of Chronic Disease Directors

- Design sessions overview

Kathy Carluzzo, The Dartmouth Institute for Health Policy, and Clinical Practice

- Screening tools

Katrina Seipp-Lewington, Comagine Health

- Screening workflow

<u>Screening tools discussion:</u>

Screening = identify eligible patients for advice/counseling and AAEBI referral

- We're proposing screening all patients at all visits using the Physical Activity Vital Sign (PAVS) and collecting certain PROMIS measures annually for patients diagnosed with OA or chief complaint of Knee/Hip pain.
    - PAVS:
        - On average, how many days per week do you engage in moderate to vigorous physical activity (like a brisk walk)? _____ days
        - On average, how many minutes do you engage in physical activity at this level? _____ minutes
        - How many days a week do you perform muscle strengthening exercises, such as bodyweight exercises or resistance training? This is an optional question in PAVS, but the expert panel agrees that this question adds value to the arthritis care model.
    - PROMIS:
        - **Collect at (or before) annual physical/annual wellness visit to all patients (age ≥18) diagnosed w/OA *or* chief complaint of knee/hip pain + PAVS**
        - **Physical Function (4 items)**
            - *In the past 7 days…*
            - Are you able to do chores such as vacuuming or yard work?
            - Are you able to go up and down stairs at a normal pace?
            - Are you able to go for a walk of at least 15 minutes?
            - Are you able to run errands and shop?
        - **Pain Interference (4 items)**
            - *In the past 7 days…*
            - How much did pain interfere with your day-to-day activities?
            - How much did pain interfere with work around the home?
            - How much did pain interfere with your ability to participate in social activities?
            - How much did pain interfere with your household chores?

What are the touchpoints to do the screening?

1. Universal Prevention – PAVS
    - A population-based screening tool allows providers to catch all patients that have chronic disease. PAVS is a good multi-level PA screening tool to measure PA, and PROMIS helps to look at disability levels and plan to increase movement within the patients means.
    - Universal screening would set a baseline and help to show progress and improvements over time. PAVS serves multiple purposes including awareness and education around current physical activity levels, enables healthcare providers to understand the physical activity status of their patients, and can be useful in identifying inactive patients who may benefit from physical activity advice/counseling and potential referral to community-based programs.
        - PAVS allows primary care doctor to begin a conversation with patient; PAVS as a screening tool allows healthcare providers to identify patients that are doing "0" and that need movement the most. This information is helpful to assess if and how often a patient is active and engage the patient around setting physical activity goals,
    - Is there an opportunity to **add additional question** to look at PA and joint movement and enjoyment in certain activities? PROMIS would look at this for patients with OA.
    - If we use PAVS and patient reports a 0 maybe this prompts a **lighter activity question for PA**. Light-intensity activity is non-sedentary waking behavior that requires less than 3.0 METs; examples include walking at a slow or leisurely pace (2 mph or less), cooking activities, or light household chores. GODIN tool has a question on light PA that we can look to (link - https://www.ons.org/sites/default/files/Godin%20Leisure-Time%20Exercise%20Questionnaire_070815.pdf). Patients in light physical activity category can be encouraged and coached to slowly increase movement over time.
    - PAVS lines up with AAEBIs. We are ideally looking for patients who can participate in AAEBIs. For example, participants can participate in Walk With Ease if they can stand for 10 minutes. WWE helps participants progress to greater PA levels over the 6-week program.
2. PROMIS – Already a Diagnosis of Osteoarthritis, Annual Physical, Medicare Annual Wellness Visits, Chief Compliant of Joint Pain, Age >18
    - Do we need age limit if we separate screening all patients for physical activity and those with arthritis? Is the age limit appropriate or should it be raised to 35 or 40 as there is more that goes into OA for younger patients. Consider role of post traumatic OA in younger patients. Does this impact the age consideration?
    - PROMIS maybe a great way to stratify, but there needs to be another arm of the pathway which will eventually lead a) no OA and patient needs to go back to screening mode or b) patient moves into the diagnosed OA pathway. If patient is experiencing pain but doesn't have an OA diagnosis, we should still consider referral to a community-based organization for support/AAEBI as another referral

may not be appropriate. **Patient is complaining of joint pain- where do they fit in workflow?**

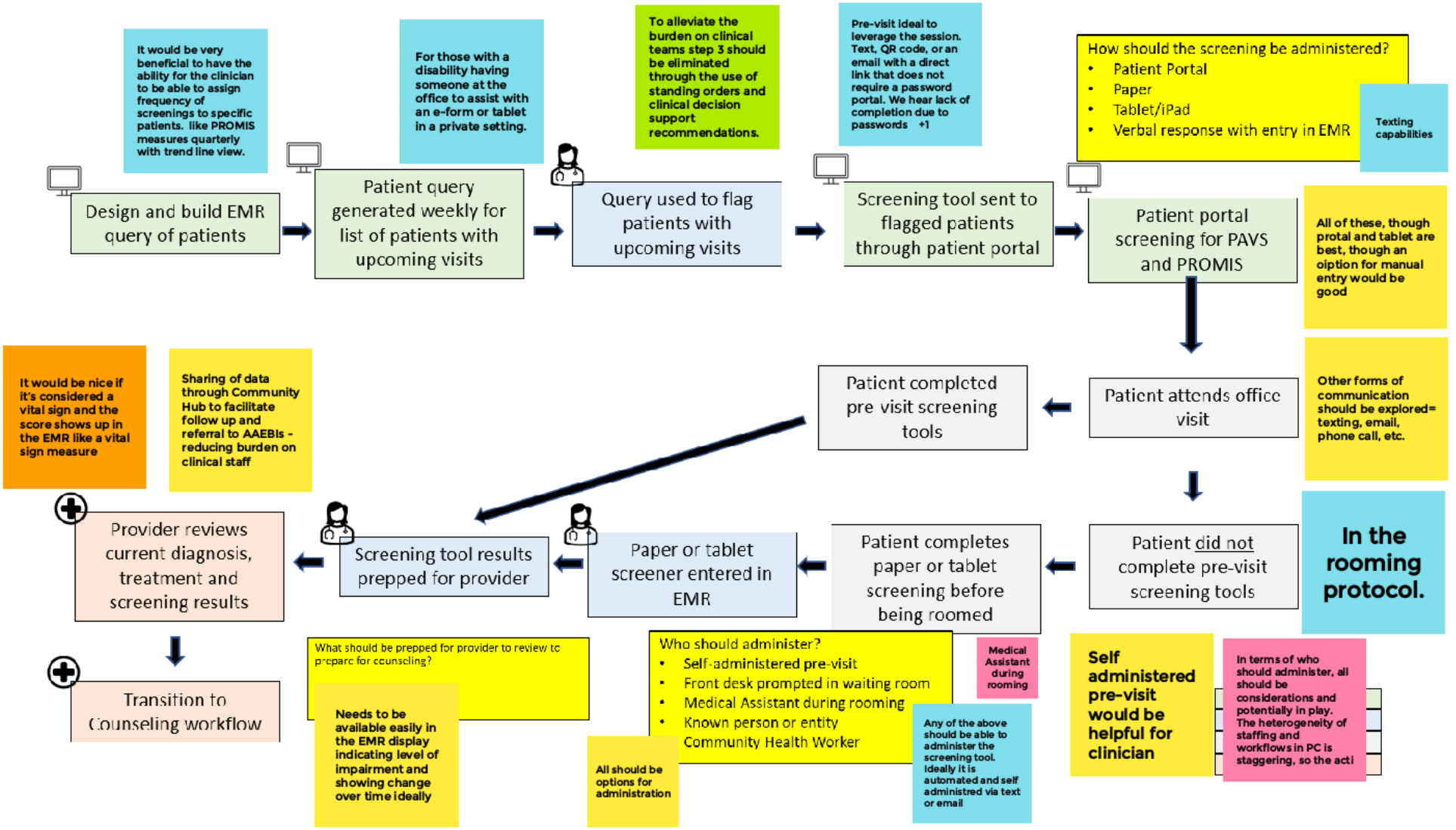
- PAVS looks at how physically active people are, and PROMIS is used to find out why they aren't active. Is there an opportunity to advocate that all patients fill out both PROMIS and PAVS even though this could be a paperwork burden? This could help ensure an efficient way of guiding appropriate care.
- An ideal long-term goal would be an at a glance patient dashboard of multiple screening tool scores that can be filtered by diagnosis and hit with trend lines over time. OA would show the PROMIS Tools, PAVS, PHQ2/9, pain score all on one screen to guide advice and referral process.

Challenges:

- Consider **time commitment** to administer screening tool at every visit. PAVS would be one of the many screeners that primary care is asked to do. Consider administering prior to visit or have care team help with administering PAVS as point of care visits will have limitations in terms of screening.
- Patients with significant knee/hip OA are rarely capable of engaging in moderate or vigorous activity (nor is this necessarily a realistic option until the joint is replaced). By continuing to ask this question, it may give unrealistic expectations.

Proposed Screening Arthritis Patients for Qualify of Life Workflow

The below screening arthritis patients for quality of life workflow includes feedback from the May 9th design session.



Key take-aways

- Universal screening for physical activity is a population health approach that enables healthcare providers to understand the physical activity status of their patients and can be useful in identifying inactive patients who may benefit from physical activity advice/counseling and potential referral to community-based programs. The arthritis care model should include universal screening for physical activity but should also take into consideration additional influences such as pain, physical function, quality of life, and appropriate activity levels for patients with OA.
- Screening tool should assess physical activity levels in addition to muscular strength activities to ensure appropriate advice and referral pathway. Results should be presented in EMR as vital sign measures to allow healthcare provider and care team to take action.
- PROMIS is a widely utilized tool that can help stratify patients, but there needs to be another arm of the pathway which will eventually lead a) no OA and patient needs to go back to screening mode or b) patient moves into the diagnosed OA pathway.

Outstanding items for consideration:

We plan to allow additional time for discussion to gain clarity on these outstanding items and will revisit during future design sessions.

- Do we need age limit for screening protocol?
- What about patients with chief complaint of knee/hip pain who do not have diagnosed OA – should they be screened with PROMIS in addition to PAVS?
- Is there an opportunity to provide recommendations for how patients are diagnosed with OA?
- Is there an opportunity to enhance PAVS questions to meet the needs of the expert panel and the arthritis care model?

Resources:

- Article that compares PA screening tools: Golightly YM, Allen KD, Ambrose KR, Stiller JL, Evenson KR, Voisin C, Hootman JM, Callahan LF. Physical Activity as a Vital Sign: A Systematic Review. Prev Chronic Dis. 2017 Nov 30;14:E123. doi: 10.5888/pcd14.170030. PMID: 29191260; PMCID: PMC5716811. https://pubmed.ncbi.nlm.nih.gov/29191260/
- Dunlop et al, 2017 showed that 45 mins of moderate to vigorous physical activity was the minimum threshold for improved/sustained function with lower limb symptoms. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5521176/
- Children's Mercy Launches Incentivized Trusted Network to Support Children and Families (findhelp.com)
- Engaging Patients in OA Management Strategies: Osteoarthritis Prevention and Management in Primary Care
- Exercise is Medicine Exercise Rx for Osteoarthritis
- Exercise is Medicine Greenville - a comprehensive 12-week medically based program for adults experiencing at-risk chronic health conditions Through EIMG®, participants learn how to reduce their risks and improve their overall health by adapting healthy behaviors that include exercise and movement.

Upon completion of the 12-week program, participants are encouraged to continue with exercise and healthy life style choices.

- Implementation of a Physical Activity Vital Sign in Primary Care: Association Between Physical Activity, Demographic Characteristics, and Chronic Disease Burden
- Integration of PAVS through HL7 work
    - https://www.exerciseismedicine.org/milestone-achieved-exercise-professionals-health-care/
    - https://myemail.constantcontact.com/Physical-Activity-News--April-2023.html?soid=1134319450480&aid=R5SxF7IghOs
    - http://hl7.org/fhir/us/physical-activity/2023May/measures.html
- Move your Way® campaign materials for adults and older adults

Evaluation:

- **Poll Question**: In this design session, I had an opportunity to contribute my own knowledge and expertise to influence the arthritis care model screening tools to assess arthritis patient quality of life.
    - 94% Strongly agree or agree
- **Poll Question**: In this design session, I had an opportunity to contribute my own knowledge and expertise to influence the workflow for the arthritis care model screening component
    - 100% Strongly agree or agree